

in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila</u>	BUREAU OF VITAL STATISTICS		State Index No. <u>147</u>
District of _____	ORIGINAL CERTIFICATE OF BIRTH		County Registrar No. <u>145</u>
Town of _____			Local Registrar No. _____
or			
City of <u>Globe</u>	No. _____ St. _____ Ward _____		
2. Full name of child <u>Stanley Kenneth Craddock</u> (If birth occurred in a hospital or institution, give its NAME instead of street and number)			
If child is not yet named, make supplemental report, as directed.			
3. Sex of Child <u>Male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	5. Legitimate? <u>yes</u>
7. Date of birth <u>2-17-24</u>		Month Day Year	
8. FATHER		14. MOTHER	
Full name <u>Stanley Edward Craddock</u>		Full maiden name <u>May Hampton</u>	
9. Residence (Usual place of abode) <u>Globe</u>		15. Residence (Usual place of abode) <u>Globe</u>	
If nonresident, give place and state <u>Arizona</u>		If nonresident, give place and state <u>Arizona</u>	
16. Color or race <u>White</u>		17. Age at last birthday <u>33</u> (Years)	
11. Age at last birthday <u>34</u> (Years)		18. Birthplace (city or place) <u>England</u>	
(State or country)		(State or country)	
13. Occupation <u>Miner</u>		19. Occupation <u>Housewife</u>	
Nature of industry		Nature of industry	
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)		21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>	
(a) Born alive and now living <u>4</u>		(b) Born alive but now dead <u>0</u>	
(c) Stillborn <u>0</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>2:30 A.M.</u> on the date above stated.			
(Born alive or stillborn.)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Signature <u>C. W. Adams</u>	
		(Physician or midwife)	
Address <u>Globe, Ariz.</u>			
Given name added from a supplemental report _____		Filed <u>2/28</u> 19 <u>24</u>	
Month, day, year.		Filed <u>3/5</u> 19 <u>24</u>	
Registrar. _____		Local Registrar. <u>B. J. Fox</u>	
		County Registrar. _____	

232-217-485